

ALCOHOL

Overview

Alcohol (ethyl alcohol or ethanol) is produced through the fermentation of yeast, sugar, and starch. It is found in beverages including beer, wine, and liquor and is a central nervous system depressant.¹ Its consumption is legal for individuals over the age of 21 in the U.S. and is regulated by States and localities. A standard drink is 0.6 ounces of pure ethanol – this translates to 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine, and 1.5 ounces of 80-proof distilled liquor.¹ According to the 2013 National Survey on Drug Use and Health (NSDUH), **alcohol is by far the most used drug** with more than 136.9 million Americans reporting they currently use alcohol.³ Roughly 60 million Americans binged on alcohol during the past month and 16.5 million were heavy users. NSDUH defines binge use as having five or more standard drinks on the same occasion and heavy use as binge drinking on at least 5 days during the past 30 days (other definitions differentiate between men and women).³ Highest rates of binge and heavy use occur between the ages of 18-34; however, rates remain high through age 54. Males have higher rates of binge and heavy use than females with 64% of binge use and 73% of heavy use occurring among males.³

Alcohol Use: A Closer Look

Treatment Admissions: In 2012, 21.5% of individuals (386,646) admitted to treatment in the U.S. reported alcohol as their primary substance of abuse, and another 17.5% (314,501) reported alcohol and a secondary drug at admission to treatment.²

NSDUH 2013 Data:

*Past Month Use of Alcohol and Illicit Drugs,
U.S. Population*

12 and Older

Drugs	Use % (estimate)
Alcohol*	
Current Use	52% (136,900,000)
Binge Use	22.9% (60,100,000)
Heavy Use	6.3% (16,500,000)

*These categories are not mutually exclusive. Current use (at least 1 drink within the past month) includes binge and heavy use. Binge use also includes heavy use.

Illicit Drugs	
Marijuana	7.5% (19,800,000)
Psychotherapeutics*	2.5% (6,500,000)
Opioid Pain Relievers	1.7% (4,500,000)
Cocaine	0.6% (1,500,000)
Hallucinogens	0.5% (1,300,000)
Inhalants	0.2% (500,000)
Heroin	0.1% (300,000)

Psychotherapeutics are prescription medications such as opioid pain relievers, tranquilizers, stimulants, and sedatives.

Past Month Use, Binge/Heavy Alcohol Users

By Age

Age	Binge Use % (estimate)	Heavy Use % (estimate)
12-17	2.6% (1,556,000)	1.2% (293,000)
18-25	22% (13,187,000)	24% (3,939,000)
26-34	23% (13,983,000)	24.5% (4,058,000)
35-44	19% (11,148,000)	18% (2,992,000)
45-54	17% (10,465,000)	16% (2,681,000)
55-64	9.6% (5,788,000)	10% (1,654,000)
65 and older	6.6% (3,938,000)	5.6% (925,000)

By Gender

Gender	Binge Use % (estimate)	Heavy Use % (estimate)
Female	36% (21,685,000)	27% (4,448,000)
Male	64% (38,379,000)	73% (12,093,000)

By Race/Ethnicity

Primary Race/Ethnicity	Binge Use % (estimate)	Heavy Use % (estimate)
White	68% (40,790,000)	75% (12,395,000)
Black	10% (6,281,000)	8.5% (1,406,000)
Hispanic	17% (9,949,000)	12% (1,997,000)
Am. Ind./AK Native	0.5% (330,000)	0.5% (82,000)
Asian	2.8% (1,657,000)	1.6% (264,000)

alcohol as their primary substance of abuse. An additional 17.5% of individuals admitted to treatment reported alcohol along with a secondary drug of abuse.² More than **700,000 Americans received specialty treatment services for alcohol** abuse. Nationally, and in many States, alcohol use is the most cited primary reason that individuals are seeking treatment services.²

Health Effects of Consuming Alcohol

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is the primary resource for federal research on the health effects of alcohol use and alcohol dependence. According to NIAAA, **alcohol negatively affects the brain, heart, liver, pancreas, immune system, and increases the risk of certain cancers.** Binge or long-term use of alcohol may damage heart muscle, cause a stroke, and/or increase blood pressure. Heavy drinking can be very damaging to the liver, causing fibrosis, cirrhosis, and alcohol hepatitis. Heavy alcohol consumption can increase individuals' risk of cancer of the mouth, esophagus, throat, liver, and breast. Finally, consuming alcohol can weaken the immune system, putting users at higher risk of disease.⁴

Underage Drinking (under age 21): Prevalence

In 2013, roughly 8.7 million underage Americans between the ages of 12 and 20 reported using alcohol during the past month. Approximately 5.4 million reported binge drinking and 1.4 million reported heavy drinking.³ **Young people use alcohol on fewer days than adults, but are more likely to binge drink.**⁵ Most underage Americans who reported using alcohol during the past month used it at someone else's home (52%) or at their own home (34%).³ Among underage drinkers, 28.7% paid for alcohol the last time they drank, while the remainder received it for free. The most common source for free alcohol was an unrelated person aged 21 or older (36.6%), followed by parents or other adult family members (24.5%).³

Public Health Impact

Underage drinking poses significant risks to young people's lives. Research illustrates that using alcohol during youth and adolescence can affect brain development, contributing to a range of cognitive problems. Drinking also reduces individuals' ability to make decisions, increases risky behaviors such as driving under the influence of alcohol, unsafe sexual encounters, or violence.⁵ Young people (under age 21) who drink are more likely to perpetrate or be the victim of physical or sexual violence.⁵ In addition, more than 190,000 young people (under age 21) went to the emergency room in 2008 for alcohol-related injuries, and **5,000 persons under age 21 die each year from alcohol-related injuries**, including car crashes, suicides, alcohol poisoning, falls, etc.⁵ Finally, the earlier that individuals initiate alcohol use, the more likely they are to develop alcohol dependence or abuse.³ The emergence of caffeinated alcoholic drinks or "alcopops" and other trendy alcohol preparations (e.g.; powder, saturating foods, vaporizing) that appeal to young people can further exacerbate these negative outcomes.

Trends in Treatment Admissions for Alcohol

In 2012, 21.5% of admissions to treatment were for individuals who reported alcohol as their primary substance of abuse. An additional 17.5% of individuals admitted to treatment reported alcohol along with a secondary drug of abuse.² More than **700,000 Americans received specialty treatment services for alcohol** abuse. Nationally, and in many States, alcohol use is the most cited primary reason that individuals are seeking treatment services.²

Special Populations:

Pregnant Women

Consuming alcohol while pregnant exposes the developing fetus to alcohol, which can lead to a range of developmental, cognitive, and behavioral problems. This range of problems falls under the umbrella term: Fetal Alcohol Spectrum Disorders (FASD). Roughly 20-30% of pregnant women drink at some point during their pregnancy.⁶ Research indicates that alcohol can alter fetal development at any stage of pregnancy, even before the woman knows she is pregnant.⁶ Binge and heavy drinking are particularly damaging for the fetus; however, any alcohol consumption is considered unsafe during pregnancy. Individuals with FASD may have difficulty with coordination, emotional control, socialization, decision-making, understanding consequences, or holding a job.⁶

Veterans

Heavy drinking occurs among roughly 15 to 20% of U.S. military personnel, particularly males.¹⁰ This excess use of alcohol costs the U.S. military an estimated \$1.12 billion per year.¹⁰ Among a sample of Iraq War veterans, 12 to 15% reported problematic alcohol use in the three to six months after their return to U.S. soil.¹⁰ **Traumatic experiences and post-traumatic stress disorder (PTSD) can increase the risk of alcohol misuse, and in turn, worsen the symptoms of these conditions and delay recovery.**¹⁰ Recognizing this, the Department of Veterans Affairs (VA) and the National Center for PTSD provide educational materials and screen veterans for alcohol misuse.

Native Americans

Alcohol abuse is a significant issue among Native Americans and Alaska Natives; however, it is important to note that significant variations exist between tribes. Due to a combination of historical and generational trauma, poverty, poor access to nutrition and health services, among other social challenges, segments of this population have historically had high rates of problem drinking compared with other minority groups and overall national trends. However, drinking rates for Native Americans as a whole have tended to be lower than the national average.^{7,3} In 2013, 5.8% of Native Americans/Alaska Natives (82,000) reported heavy alcohol use during the past month and 23.5% (330,000) reported binge alcohol use during the past month.³ **Native Americans/Alaska Natives are five times more likely than Whites to die of alcohol-related causes** and FASD is also more common in this population. Some tribes report FASD rates from 1.5 to 2.5 per 1,000 live births, compared to the general U.S. population that ranges between 0.2 and 1 per 1,000 live births.⁷

The Role of State Substance Abuse Agencies in Substance Use Disorder Prevention, Treatment, and Recovery

State Substance Abuse Agency Directors design, manage, and evaluate the publicly funded substance abuse prevention, treatment, and recovery system in each State. State Directors provide leadership by promoting standards of care, evidence-based services, and continuous quality improvement innovations. State Directors also ensure public dollars are dedicated to programs that work through the use of performance data management and reporting, contract monitoring, corrective action planning, on site-reviews, and technical assistance.

Key Federal Programs

SAMHSA's **Substance Abuse Prevention and Treatment (SAPT) Block Grant** is a formula grant awarded to every State and Territory. The SAPT Block Grant accounts for an estimated 64% of State Substance Abuse Agencies' expenditures on prevention.⁸ SAPT Block Grant funds enabled more than 1.6 million Americans to receive treatment services during the 2014 report year. In addition, more than 7.4 million Americans received SAPT Block Grant-funded prevention services in individual-based programs, and more than 285 million were served in population-based programs during the same period.⁹ During the 2014 report year, clients who were discharged from SAPT Block Grant-funded treatment services had the following outcomes: 92.9% reported having a stable living situation; 93.9% had no arrests during the past 30 days; 81.5% were abstinent from alcohol; and 72.1% were abstinent from illicit drugs.⁹

SAMHSA's **Center for Substance Abuse Prevention (CSAP)**, funded at \$175 million in FY 2014, supports States and communities with service capacity expansion grants and science and service areas. The Partnerships for Success Initiative is a NASADAD priority program designed to help States achieve a quantifiable decline in substance use disorder rates using the Strategic Prevention Framework (SPF) approach. States use data to identify problem areas, craft a coordinated, cross-agency plan, and fund community-based organizations to plan and deliver evidence-based services. The **Sober Truth on Preventing Underage Drinking Act (STOP Act)** of 2006, funded at \$7 million for FY 2015, provides grant funds to prevent and reduce alcohol use among young people aged 12-20. Finally, SAMHSA's **FASD Center for Excellence**, funded at \$1 million for FY 2015, provides education and training materials for policymakers, providers, caregivers, communities, and individuals on how to prevent alcohol exposure during pregnancy and improve the lives of individuals affected by FASD.

The **Enforcing Underage Drinking Laws (EUDL)** Program within the Department of Justice (DOJ) was historically (1998-2007) funded at \$25 million in order to support law enforcement efforts to prohibit the sale of alcohol to minors. In recent years, Congress has provided only enough funds to support a technical assistance center to assist entities interested in these activities.

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